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Address to: Fax to: Mail Stop M Correspondence 571-273-6500 Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 34284	4
OR	
The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
6,798,494	09/944,391
Completed by (check one):	
Applicant/Inventor	/Thomas S. Ferrill/
	Signature
Attorney or Agent of record 42,532	Thomas S. Ferrill
(Reg. No.)	Typed or printed name
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	3.71. (650) 320-1500 Requester's telephone number
Assignee recorded at Reel Frame	March 25, 2008
	Date

This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is govered by \$3. U.S. C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to the immutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andior suggestions for eviduality this burden, should be sent to the Chief Information (Fr. U.S. Patert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2313-1450, DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Next 150-dria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one

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signature is required, see below*.

* Total of ______